

**CAM-01****Compliance Assurance Monitoring**

State Form XXXXX (03-02)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Indiana Department of Environmental Management
Office of Air Quality - Permits Branch
P.O. Box 6015
Indianapolis, IN 46206-6015
Phone: (317) 233-0178 or
(800) 451-6027, ext. 30178 (within Indiana)
Web Access:
<http://www.in.gov/idem/air/permits/apps/index.html>

NOTE:

- **IMPORTANT** - PLEASE READ INSTRUCTIONS, INCLUDING APPLICABILITY
- For each emissions unit and pollutant for which CAM is required by 40 CFR Part 64, fill out one CAM-01 form.

COMPLIANCE ASSURANCE MONITORING**1. Source Name:** BP Products North America Inc., Whiting Business Unit**2. Source/Plant ID#:** 089-00453**3. Emissions Unit (Identification number and descriptive name):**

N/A - CAM requirements are not applicable to the CXHO Project.

4. Pollutant:**5. Applicable requirement (Regulatory reference and brief summary):****6. Control Device (Identification number and descriptive name):****7. Monitoring determination method (check one or more of the following that apply):**

- ☐ Actual emissions
☐ Predicted emissions
☐ Process parameter(s) (describe) _____
☐ Control device parameter(s) (describe) _____
☐ Inspection and maintenance activities (describe) _____

8. Indicator range, ranges, or operating condition (if unknown at this time, specify procedure for establishing values)

Value(s): _____

Basis: _____

Has the emissions unit and/or control device been changed?

☐ YES ☐ NO

Procedure:

Test plan and schedule:

9. Monitoring performance criteria

Location and installation specifications of monitoring device(s):

QA/QC:

Data averaging period:

Frequency of data collection:

10. CAM justification:**11. If the proposed CAM will not be operational when the permit is issued provide the following:**

Reason:

Implementation schedule: